HIE Steering Committee

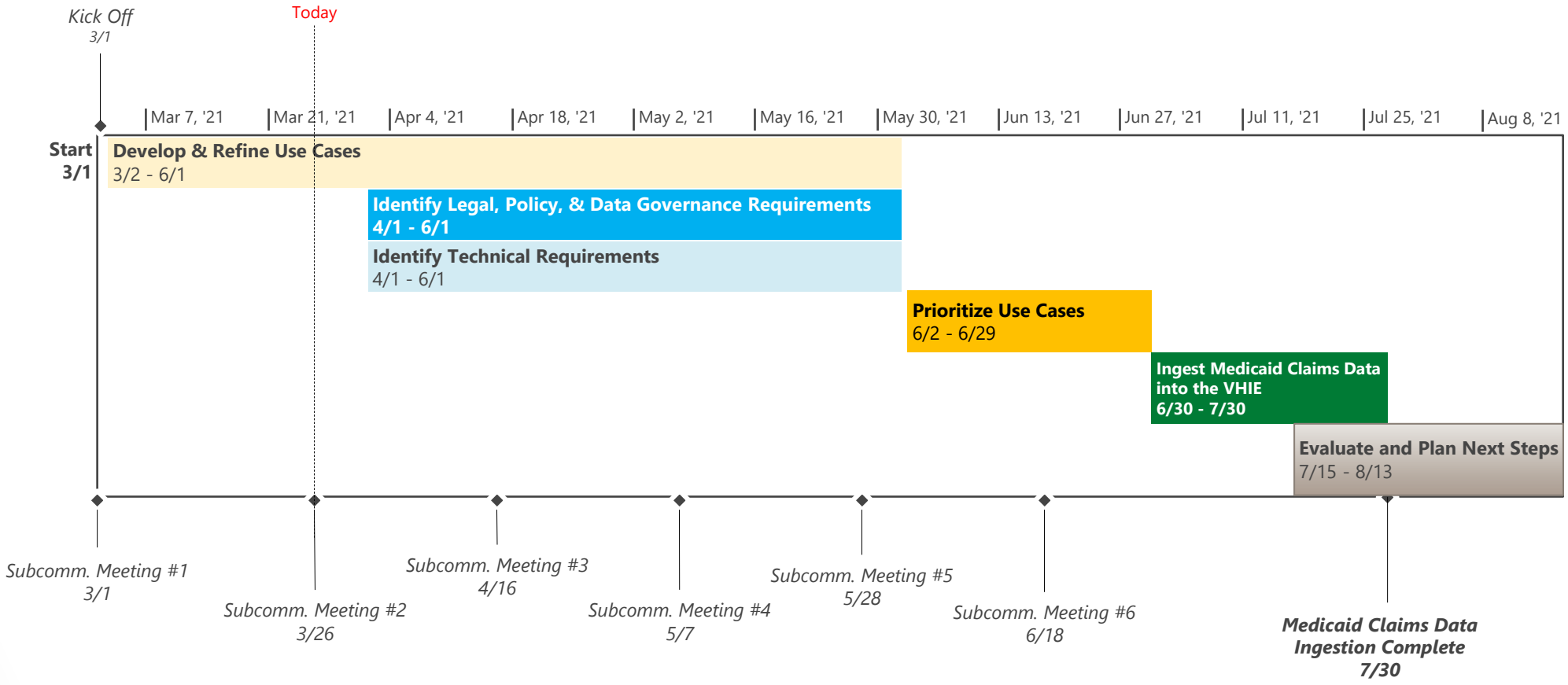
Medicaid Claims Pilot Subcommittee

Meeting #2 - March 26th, 2021

Agenda

- Pilot Timeline
- Use Case Reviews – Katie Muir, OneCare VT
- Next Steps

Timeline


Kick Off
3/1
Today
Mar 7, '21
Mar 21, '21
Apr 4, '21
Apr 18, '21
May 2, '21
May 16, '21
May 30, '21
Jun 13, '21
Jun 27, '21
Jul 11, '21
Jul 25, '21
Aug 8, '21
Start
3/1
Develop & Refine Use Cases
3/2 - 6/1
Identify Legal, Policy, & Data Governance Requirements
4/1 - 6/1
Identify Technical Requirements
4/1 - 6/1
Prioritize Use Cases
6/2 - 6/29
Ingest Medicaid Claims Data into the VHIE
6/30 - 7/30
Evaluate and Plan Next Steps
7/15 - 8/13
Subcomm. Meeting #1
3/1
Subcomm. Meeting #2
3/26
Subcomm. Meeting #3
4/16
Subcomm. Meeting #4
5/7
Subcomm. Meeting #5
5/28
Subcomm. Meeting #6
6/18
Medicaid Claims Data Ingestion Complete
7/30

Role of Subcommittee Members Re: Use Cases

- Learn about each of the use cases presented by fellow subcommittee members
  - What is the user trying to accomplish? What do they need?
- Weigh in: support editing, culling, prioritizing
  - How could this be augmented to be clearer? Is it missing anything? Where does this fit in your sense of priorities?
- Support assessment of technical feasibility by VITL and MMIS partners

Use Cases from Interview #1

USE CASE: QI/Operations - Organization

Improving support and Care management for individuals with Hypertension and Diabetes in the State

ORGANIZATIONS

OneCare Vermont (OCV), Statewide Accountable Care Organization (ACO)
OCV will not produce Claims Data.
OCV will use the Claims Data to monitor and Report.

GOAL

To improve support and Care management for individuals with Hypertension and Diabetes in the State with the goal of reducing incidence and severity of conditions.

TRADING PARTNERS AND SYSTEMS

VITL - SOURCE
ACO Network Members (Providers) - DESTINATION

DATA TO EXCHANGE

Clinical - Blood Pressure readings, Hemoglobin A1C, BMI
Claims - Diagnosis Codes, Procedure Codes, DRG for Inpatient stay, Total Cost

DATA GOVERNANCE

HIPAA
VHIE Patient Consent Policy - Clinical
VHIE Patient Consent Policy - Claims
42 CFR Part 2 for Substance Use Data (SUD)

USER STORY

Actors: OCV (ACO)

As a Statewide ACO,
We want to use the linked claims and clinical data to identify the population with hypertension and/or diabetes, assess how well the conditions are managed, and determine interventions that would improve care management and outcomes,
So that we can

- Report outcome of metrics
  - Monitoring percentage of the population with Diabetes in poor control.
  - Monitoring percentage of the population with Hypertension in control.
  - Monitoring rates of adverse events related to conditions.
  - Monitoring incidence and prevalence of conditions.
- Identify groups with rising risk or at high risk, strategize outreach and panel management.

ACO findings will be available to Member (Provider) Network through the available tools to achieve Care goals.

FREQUENCY

Real Time OR TBD

USE CASE TARGET DATE

OCV currently gets this data today from Payers and VITL

MMIS DATA PIPELINE (Source)

<Ask Technical team>

DATA FORMAT (Source to VHIE)

OCV is not sending any data to VHIE.
Extract, preferably in FHIR Model.

TRANSPORT MECHANISM

Preferably API and Real Time
Currently an OCV process updates the data (Tables) in ACO, based on the data from VITL.

DATA RECIPIENT FORMAT (VHIE to End User)

Preferably API, in FHIR Model

CONSENT SPECIFICATIONS

VITL Opt-Out
ACO Opt-Out

LEGAL AGREEMENTS

ACO Member (Provider) Contracts
Business Associate Agreement (BAA) for VITL - ACO
Data Use Agreement (DUA) for AHS - ACO

USE CASE: QI/Operations - Organization

Improve Immunization Rate

ORGANIZATIONS

OneCare Vermont (OCV), Statewide Accountable Care Organization (ACO)
OCV will not produce Claims Data.
OCV will use the Claims Data to monitor and Report.

GOAL

Improve immunization rate of high-risk groups based on Claims data

TRADING PARTNERS AND SYSTEMS

VITL - SOURCE
ACO Network Members (Providers) - DESTINATION

DATA TO EXCHANGE

Clinical - Immunization records
Claims - Diagnosis Codes, Procedure Codes, DRG for Inpatient stay, Total Cost

DATA GOVERNANCE

HIPAA
VHIE Patient Consent Policy – Clinical
VHIE Patient Consent Policy - Claims
42 CFR Part 2 for Substance Use Data (SUD)

USER STORY

Actors: OCV (ACO)

Immunizations are an important part of public and population health efforts and personal preventive care. Therefore...

As a Statewide ACO,
We want to support our Member/Provider network to increase rates of immunization in general and among their high-risk groups in particular,
So that the information from claims and clinical data will allow our Member Network to prioritize outreach and track immunizations for target populations.

ACO will use Claims data to group ACO Opt-In patients.
ACO will use Claims data to identify high-risk groups.
ACO will be able to use Immunization data from outside their Member network, which is available through VHIE.

FREQUENCY

Real Time OR TBD

USE CASE TARGET DATE

OCV currently gets this data today from Payers and VITL

MMIS DATA PIPELINE (Source)

<Ask Technical team>

DATA FORMAT (Source to VHIE)

OCV is not sending any data to VHIE.
Extract, preferably in FHIR Model.

TRANSPORT MECHANISM

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USE CASE: Evaluation - Population

Evaluating the Clinical impact of the Care Coordination Model

ORGANIZATIONS

OneCare Vermont (OCV), Statewide Accountable Care Organization (ACO)
OCV will not produce Claims Data.
OCV will use the Claims Data to evaluate.

GOAL

Clinical impact of the Care Coordination Model

TRADING PARTNERS AND SYSTEMS

VITL - SOURCE
ACO Network Members (Providers) – DESTINATION
Payers - DESTINATION
GMCB - DESTINATION

DATA TO EXCHANGE

All Clinical and Claims data available in VHIE

DATA GOVERNANCE

HIPAA
VHIE Patient Consent Policy - Clinical
VHIE Patient Consent Policy - Claims
42 CFR Part 2 for Substance Use Data (SUD)

USER STORY

Actors: OCV (ACO)

As a Statewide ACO, we want to expand our evaluation methodology of the Care Coordination Model to assess the impact of the model on clinical outcomes of individuals engaged in the model. Furthermore, we want to evaluate whether participation in the Care Model results in changes in health service utilization patterns such as increase in preventive care and decrease in acute and/or potential avoidable care and whether utilization patterns are associated with changes in clinical outcomes. Findings would be valuable for identifying areas in need of improvement as well as best practices. They would also be presented to ACO and State leadership to inform policy and resource allocation decisions.

FREQUENCY

Batch Process OR TBD

USE CASE TARGET DATE

OCV currently gets this data today from VITL

MMIS DATA PIPELINE (Source)

<Ask Technical team>

DATA FORMAT (Source to VHIE)

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Extract, preferably in FHIR Model.

TRANSPORT MECHANISM

Preferably API and Real Time
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DATA RECIPIENT FORMAT (VHIE to End User)

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CONSENT SPECIFICATIONS

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USE CASE: Evaluation - Population

Evaluation of primary prevention by Health Service Areas (HSA)

ORGANIZATIONS

OneCare Vermont (OCV), Statewide Accountable Care Organization (ACO)
OCV will not produce Claims Data.
OCV will use the Claims Data to evaluate.

GOAL

Look for trends in BMI for Health Service Areas (HSA) for those engaged in primary prevention activities

TRADING PARTNERS AND SYSTEMS

RISEVT – SOURCE
VITL – SOURCE
OCV Leadership - DESTINATION
Payers - DESTINATION
GMCB - DESTINATION

DATA TO EXCHANGE

Clinical – BMI, Blood Pressure
Claims – Diagnosis Codes for Chronic Condition Identifiers such as Diabetes, Cardiovascular conditions, joint issues, Asthma

DATA GOVERNANCE

HIPAA
VHIE Patient Consent Policy - Clinical
VHIE Patient Consent Policy - Claims
42 CFR Part 2 for Substance Use Data (SUD)

USER STORY

Actors: OCV (ACO)

As a Statewide ACO that supports the Central organization for RISEVT and primary prevention,
We want to be able to monitor outcomes related to primary prevention efforts at a Health Service Area (HSA) level,
So that we can identify subgroups based on Claims diagnosis and monitor BMI using Clinical feeds.

We would also look at comorbidities to BMI.

Findings would be used to identify areas in need of improvement and best practices that could be shared. They would also be shared with ACO and State leadership to support policy and resource allocation decisions.

FREQUENCY

Batch Process OR TBD

USE CASE TARGET DATE

OCV currently gets this data today from VITL.
BMI data is available to OCV now.

MMIS DATA PIPELINE (Source)

<Ask Technical team>

DATA FORMAT (Source to VHIE)

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Discussion/Feedback

Debrief on Use Case Gathering Process

- What did you do to prepare?
- What helped you successfully participate in the process?
- What went well?
- What can be improved?
- What should others expect?

Use Case Gathering Sessions

#	Interview	Focus of Discussion	Schedule & Status
1	**Katie Muir**, *OneCare VT*	• Evaluation & Reporting of the APM • Support of clinical practices and the care model	**3/3/2021 – Completed**
2	**Pat Jones**, *DVHA Payment Reform* **Erin Flynn**, *DVHA Payment Reform*	• Evaluation & Reporting of the APM • Support of clinical practices and the care model	**3/30/2021 – Scheduled**
3	**Lisa Schilling**, *Medicaid Operation* **Erin Carmichael**, *Medicaid Quality* **Shawn Skaflestad**, *Medicaid Performance Management/Improvement* **Tim Tremblay**, *Vermont Blueprint for Health*	• Quality Improvement and Reporting for Medicaid and the Blueprint • Overall evaluation of GC1115 waiver	**4/20/2021 – Scheduled**

4	**Sarah Lindberg**, *Green Mountain Care Board*	• Analytics for -
		  • evaluating the APM
		  • evaluating the Boards regulatory activities
			5/11/2021 -- Scheduled

5	**Emma Harrigan**, *VAHHS* **Lauri Scharf**, *BiState Primary Care Assoc.* **Thomasena E Coates**, *Blueprint QI Facilitator*	• Point of care support	**6/1/2021 -- Scheduled**

Technical Discussion - *to be scheduled mid-late April*

Some of the questions we need to answer -

- Details of the data feed/extract we expect to receive from Gainwell into the VHIE?
  - Is data dictionary available?
  - Can Gainwell supply the data via API and in FHIR model/format?
  - At what frequency ?
- What requirements do we need to satisfy from a VHIE perspective?
- When will VITL be ready to consume the data?
- How will the Claims and Clinical data be linked, for example: is it through MRN?
- How will different 'versions' for claims data be handled?
- Will VITL be forced to perform a validation check? If so, how?
- Other considerations?